

## **HEALTH QUARTERLY STATEMENT**

AS OF MARCH 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

CIGNA HEALTHCARE OF MAINE, I	NC.
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NAIC Group Code	(Current Period)	O901 N	AIC Company Code9	<u> 5447                                   </u>	mployer's ID Number	01-0418220	
Organized under the	,	Maine	Ctata of D	omioilo ar Dart	of Entry	Maine	
Organized under the Laws of Maine			, State of D		or Entry	Mairie	
Country of Domicile	icile United States of America						
Licensed as business	type: Life, Accid	re, Accident & Health [ ] Property/Casualty [ ] Dental Service Corporation [ ]					
	Vision Ser	vice Corporation [ ]	Other [ ]	Health Mair	ntenance Organization [ )	<b>(</b> ]	
	Hospital N	Medical & Dental Servic	e or Indemnity [ ]	Is HMO Fe	), Federally Qualified? Yes [ X ] No [ ]		
	riospitai, ii	nedical a Bernal Celvio	e or macrimity [ ]	15 1 1100, 1 0	derany duamica. Tes [7	(110[]	
Incorporated	03/	01/1986	Commenced Business		04/01/1987	7	
Statutory Home Office		2 Stonewood Drive .			Freeport, ME 04032-0447		
·		(Street and Number	er)		(City or Town, State and Zip C	ode)	
Main Administrative O	Office		2 Stoney	wood Drive			
			(Street and Number)				
	Freeport, ME 040		207-865-5000				
	(City or Town, State and	I Zip Code)		(Area Co	de) (Telephone Number)		
Mail Address		Cottage Grove Road			artford, CT 06152-1228		
	(Street	and Number or P.O. Box)		(Cit	ty or Town, State and Zip Code)		
Primary Location of Be	ooks and Records			2 Stonewood	Drive		
			(Street and Number)				
	(City or Town, State and	32-044/			360-226-3987 de) (Telephone Number)		
	,	i zip code)		`	de) (Telephone Number)		
Internet Website Addr	ess		www.CIGN	IA.com			
Statutory Statement C	Contact	Krystyna Gionfrid	ddo		860-226-3987		
		(Name)	(				
Kr	ystyna.gionfriddo@ E-mail Addres)						
	(E-mail Addres	3)			(i AX Number)		
Policyowner Relations	Contact		P.O. Box 447	2 Stonewwod D	)rive		
		(Street and Nu	imber)	_			
Freeport, ME 04032-0447 (City or Town, State and Zip Code)			800-244-6224 (Area Code) (Telephone Number) (Extension)				
	(Oily of Town, State and	i Zip Gode)		(Area Code) (	relephone Number) (Extension)		
			OFFICERS				
President	[	Donald Michael Curry		Secretary	Paul Jeffrey N	Moreno	
Treasurer	-	Lynn Marie Wytas					
		V	ICE PRESIDENTS				
	Patrick Frey		Katherine Kaslly Fry		Robert Paul Hocl		
	lichael Gerhard		David Charles Kopp		Barry Richard		
David Mathew Porcello			Stephen Chester Stachelek		Bach Mai Ti		
Lynn Marie Wytas			Chuie Lan Yuen M.D.		William Curnow L		
Edward M. Tanida #			Alan Marc Gottlieb #		Cesar Ernesto P	enanerra #	
Patrick N	lichael Jones #						
		DIREC	TORS OR TRUST	FFS			
Kathor	ine Kaslly Fry	_	William Allen Schaffer M.D	LLO	Chuie Lan Yu	ıen M D	
			am / mon Jonanoi Wi.D		Jilaio Laii 10		

State of	Connecticut	;	ss
County of	Hartford		

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Patrick Michael Jones (Vice President) President	Paul Jeffrey Moreno (Assistant Secretary) Secretary	Lynn Marie Wytas Treasurer		
Subscribed and sworn to before me this				
day of, 2003	<u></u>			
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